AMENDED IN SENATE AUGUST 22, 2014 AMENDED IN SENATE JULY 1, 2014 AMENDED IN SENATE JUNE 10, 2014 AMENDED IN ASSEMBLY MAY 24, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1310

Introduced by Assembly Member Bonta (Principal coauthor: Assembly Member Brown)

February 22, 2013

An act to amend Sections 14122 and 14132.72 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1310, as amended, Bonta. Medi-Cal: telehealth.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law prohibits a requirement of in-person contact between a health care provider and patient under the Medi-Cal program for any service otherwise covered by the Medi-Cal program when the service is appropriately provided by telehealth, as defined. Existing law, for purposes of payment of covered treatment or services provided through telehealth, prohibits the department from limiting the type of setting where services are provided for the patient or by the health care provider.

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This bill would prohibit the department from requiring a health care provider licensed in California to be located in California as a condition of Medi-Cal provider enrollment or reimbursement for telehealth services provided to Medi-Cal beneficiaries located in California at the time of service. require, effective July 1, 2015, in order for a health care provider that is not located in California to be enrolled in Medi-Cal for the purpose of providing health care services by way of telehealth for beneficiaries receiving care in California, the provider to meet specified conditions and criteria, including that the provider be enrolled and in good standing in the Medicaid program for the state where the provider is located, be enrolled in good standing in Medicare, or be enrolled in good standing in both programs, and that the provider not be located outside the United States of America.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- SECTION 1. Section 14122 of the Welfare and Institutions Code is amended to read:
- 2 Code is amended to read: 3 14122. (a) The department may provide, by regulation and
- 4 consistent with the requirements of the Federal Social Security
- 5 Act, for the care and treatment, or both, of persons eligible for 6 medical assistance pursuant to Sections 14005.1, 14005.4, and
- 7 14005.7 by providers in another state in those cases where
- 8 out-of-state care or treatment is rendered on an emergency basis
- 9 or is otherwise in the best interests of the person under the
- 10 circumstances.
- 11 (b) This section shall not apply to services provided pursuant to Section 14132.72.
- SEC. 2. Section 14132.72 of the Welfare and Institutions Code is amended to read:
- 15 14132.72. (a) For purposes of this section, the definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code shall apply.
- 18 (b) It is the intent of the Legislature to recognize the practice 19 of telehealth as a legitimate means by which an individual may 20 receive health care services from a health care provider without 21 in-person contact with the provider.

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(c) In-person contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telehealth, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. Nothing in this section or the Telehealth Advancement Act of 2011 (Chapter 547 of the Statutes of 2011) shall be construed to conflict with or supersede the provisions of any other existing state laws or regulations related to reimbursement for services provided by a noncontracted provider.

- (d) The department shall not require a health care provider to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth.
- (e) The department shall not require a health care provider licensed in California to be located in California as a condition of Medi-Cal provider enrollment or reimbursement for telehealth services provided to Medi-Cal beneficiaries located in California at the time of service.
- (e) (1) Effective July 1, 2015, in order for a health care provider that is not located in California to be enrolled in Medi-Cal for the purpose of providing health care services by way of telehealth for beneficiaries receiving care in California, that provider, shall, at a minimum, meet all of the following conditions and criteria:
- (A) The provider shall be licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code or the Osteopathic Initiative Act, or by the relevant California licensing entity or board to perform the medical services provided through telehealth.
- (B) The provider shall be enrolled and in good standing in the Medicaid program for the state where the provider is located, be enrolled in good standing in Medicare, or be enrolled in good standing in both programs.
- (C) The provider shall not be located outside the United States of America.
- (D) The provider shall satisfy all requirements for enrollment and participation in the Medi-Cal program, and other statutory requirements for providing telehealth services.
- (E) The provider shall consent to Medi-Cal acting through the state Medicaid program where the provider is located and the

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Medicare program with respect to any issues concerning the provider's enrollment or participation in Medi-Cal.

- (F) The provider shall consent to jurisdiction and venue in Sacramento, California, for any and all legal proceedings in any way related to the provider's enrollment in Medi-Cal, including, but not limited to, formal or informal proceedings, as well as administrative, civil, and criminal proceedings.
- (2) This subdivision shall be implemented only to the extent permitted by federal law and to the extent that federal financial participation is available.
- (f) For the purposes of payment for covered treatment or services provided through telehealth, the department shall not limit the type of setting where services are provided for the patient or by the health care provider.
- (g) Nothing in this section shall be interpreted to authorize the department to require the use of telehealth when the health care provider has determined that it is not appropriate.
- 18 (h) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, provider bulletins, and similar instructions.